STATE OF WISCONSIN, CIRCUIT COURT,			c	OUNTY	For Official Use	
IN THE MATTER OF			Amended			
		Affidavit of Service (Probate)		ice		
		Case No				
I, (Name) of (City) State of, being sworn, state that on (Date) provided copies of the following documents:    Documents Provided						
2004111011101110111011						
☐ the original of which ☐ a copy of which is at to the following named pe	tached (no original on file)	dress as listed:			☐ See attached	
NAME		MAILING ADDRES	SS	TYPE	OF SERVICE***	
*** <b>TYPE OF SERVICE</b> : Refer to Wisconsin Statutes for proper manner of service			ervice. <b>Type o</b>	vice. Type of Service:  Personal Service  Mail  Certified mail return receipt requested		
		<b>_</b>				
State of County of				Signature		
Subscribed and sworn to before me on				Print or Type Name		
Notary Public/Court Official			Address			
Na	ame Printed or Typed					
My commission/term expi	res:					
Form completed by: (Name)			Telephone Number			
Address				Date		
Telephone Number	Bar Number (If any)					